MinuteClinic, USA

Background
In the US, primary care services are under-resourced and patients have limited access. There are fewer trainees in primary care today than there were ten years ago, and the American Association of Family Practitioners foresees a continual decline in numbers, estimating a deficit in the number of family practitioners of up to 40,000 by 2020. This lack of adequately trained personnel has led to patients experiencing difficulty in obtaining appointments, and inconvenient arrangements and long waiting times when they do manage to schedule a meeting with their doctor. Furthermore, the rising burden of chronic conditions is putting additional pressure on primary care services. Consequently, this has led to a failure to adequately treat routine and minor conditions and an increase in unnecessary hospital admissions. Additionally, almost $300 billion is wasted annually as a result of failure of patients to adhere to prescribed medications and substandard pharmacy care.

Over the last ten years, retail clinics have emerged as a “disruptive innovation” in the healthcare market, offering consumers a cheap, convenient and accessible alternative to traditional primary care services. The market leader, MinuteClinic, a subsidiary of CVS Caremark Corporation since 2006, dominates the field, constituting half of all retail clinic sites in the US. MinuteClinic runs over 560 stores across 26 States, 550 of which operate within CVS pharmacies and stores. CVS hopes to continue expanding the brand, expecting numbers to exceed 1,000 by 2015.

Method
MinuteClinic offers a walk-in service, which operates seven days a week, and remains open on weekends and public holidays. The stores themselves tend to take the form of kiosks or “micro-clinics”, within which all consultations and treatment takes place. The micro-clinics are based on a franchise model, and use a standardised operational model which can be replicated across different sites. The services provided were originally based on the McDonalds service model, which offers a limited, fixed menu of options, with strict service provision guidelines for staff to follow. These procedural limitations mean that no physical evaluation of patients is needed; diagnoses are made using a simple binary test, or a rigidly applied, protocol-based decision rule, which minimises the possibility of error and misdiagnosis. The model is run as a profitable business, generating income from contributions made by insurance companies and employers, and from payment for services by individuals.

MinuteClinic initially had a strategic partnership with major retailers, including CVS and Target, until it was bought out by CVS in 2006. This model means that MinuteClinic leverages pre-existing store networks, which brings the advantage of consumer familiarity as well as reducing infrastructure and set-up costs, delivering a significant reduction in capital expenditure.

Consumer driven
The service and treatment options provided by MinuteClinic aim to follow patient demand and the model attempts to offer a consumer driven solution to the existing problems with primary and pharmacy care in the US. The services offered mainly constitute treatment for primary and pharmacy care in the US. The services offered mainly constitute treatment for primary and pharmacy care in the US. The services offered mainly constitute treatment for primary and pharmacy care in the US.

4 Christensen, C. et al. (2009), The Innovator’s Prescription: A disruptive solution for healthcare. Also see Deloitte Centre for Health Solutions (2008), Retail clinics: Facts, Trends and Implications.
5 MIT (2010), “Health care business models and operations strategy: A comparative study of Cleveland Clinic and CVS MinuteClinic”.
7 CVS Caremark (2010), Annual Report.
10 MinuteClinic (2011), Our History, from minuteclinic.com/about/history.aspx.
routine, acute conditions, with the most common type of preventative care being immunisation. Common conditions are listed on a menu-board, along with a transparent pricing system outlining treatment charges. The charge per visit usually falls below $50, and most treatment charges fall between $44 and $48. In 2008, about 62 per cent of all visits were covered by insurance, but 16 per cent of customers did not have medical insurance at the time of use and so paid upfront costs for their treatment. The service provided is substantially driven by a requirement of accessibility: this is achieved by offering extended opening hours, operation over the weekend, and locating kiosks within a retail environment, which allows customers to combine healthcare services with shopping. MinuteClinic’s high volume service model aims to diagnose patients in 15 minutes, and offers instant results to routine lab tests. This focus on tailoring service provision to meet consumer demands means that MinuteClinic provides healthcare options for those short on time and money, for whom other primary care providers fail to offer an adequately flexible service.

Limited primary care
The medical services offered by MinuteClinic staff are limited, but cover many common and easily treatable conditions. Almost 70 per cent of visits concern five common acute conditions, and 20 per cent of visits are for immunisations. MinuteClinic is expanding into chronic care management, although this currently only accounts for 7 per cent of all visits. An example of this is the diabetes monitoring programme, which includes blood testing to measure levels of A1c, cholesterol, and triglyceride, testing of kidney function, and foot exams. All of the results are reported directly back to the patient’s main physician. Offering restricted services both minimises the possibility of misdiagnosis and incorrect treatment and keeps staffing costs low by requiring lower levels of medical training.

Non-medical workforce
MinuteClinic kiosks are staffed by nurse practitioners and physician assistants, rather than fully qualified medical doctors. Nurse practitioners must hold a four-year bachelor’s degree and a two-year master’s degree, both in nursing, and can prescribe medications with some physician oversight. Physician assistants take intensive training programmes which follow the medical model, and take examinations developed by the National Commission on Certification of Physician Assistants and the National Board of Medical Examiners. All examinations taken by MinuteClinic staff must be nationally accredited, and personnel are required to show continued education and practice in order to retain their status. Nurses also receive two week training prior to working with a clinic, and intensive internal training, which includes training in operations as well as further development of clinical skills. Nurse practitioner salaries are much lower than those of physicians, and assistant physicians are paid considerably less than physicians with more extensive and specialised training.

Standardisation and technology
Nurses are supported by IT software which provides up-to-date medical diagnosis guidelines, treatment guidelines for common conditions, a drug interaction database, and the protocols for diagnosing and treating MinuteClinic patients. The development of a technological platform to aid with diagnosis and treatment has contributed to MinuteClinic’s success by ensuring quick and consistent service. The use of strict protocols ensures that staff do not attempt to diagnose or treat any condition outside of their remit, which limits misdiagnosis and errors in treatment. The protocols used are developed by trained physicians so as to ensure high quality clinical practice.

14 MinuteClinic (2011), Services and Costs, from minuteclinic.com/services/.
18 Ibid.
Outcomes
The MinuteClinic model delivers a convenient service for patients, providing quick, cheap and accessible healthcare, which generates high consumer satisfaction. MinuteClinic produces significantly lower total healthcare costs for consumers, with a Mercer study reporting between 30 per cent and over 50 per cent savings on MinuteClinic visits compared with the same type of office visit at a primary care clinic. Furthermore the Blue Cross and Blue Shield of Minnesota found that MinuteClinic visits cost around half of an office visit, and a Minnesota-specific Reden and Anders Study indicated savings of 30 per cent or greater per visit. Consumer surveys show high levels of satisfaction, data from 2007 shows 80 per cent of users were satisfied on cost, 83 per cent on convenience, 90 per cent on quality. Since its inception under the brand “QuickMedx” in 2000, it has treated over nine million patients, dealing with basic acute medical conditions, vaccinations, physical examinations, and the monitoring of chronic conditions, and its services have received a 95 per cent patient satisfaction rating.